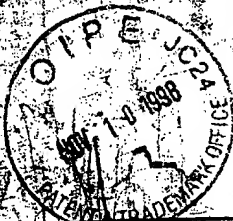


BEST AVAILABLE COPY



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
|--------------------|---------------------|-----------------------|---------------------------|
|--------------------|---------------------|-----------------------|---------------------------|

15619521 09/18/98 OSTGAARD

R CYM-025

0242/1014

TESTA HURWITZ & THIBEAULT  
HIGH TOWER STREET  
125 HIGH STREET  
BOSTON MA 02110

NOT ASSIGNED

1743

DATE MAILED:

10/14/98

### NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. A is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) ☐ \$65.00 for a small entity in compliance with 37 CFR 1.27, or ☐ \$130.00 for a non-small entity, must also be timely submitted in reply to this notice to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☐ non-small entity is \$ 1030.

☐ 1. The statutory basic filing fee is:

- ☐ missing.
- ☐ insufficient.

Applicant must submit \$ 790 to complete the basic filing fee and/or file a small entity statement claim such status (37 CFR 1.27).

☒ 2. Additional claim fees of \$ 110, including any multiple dependent claim fees, are required.

\$ \_\_\_\_\_ for \_\_\_\_\_ independent claims over 3.

\$ 110 for 5 dependent claims over 20.

\$ \_\_\_\_\_ for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

- ☒ is missing or unexecuted.
- ☒ does not cover the newly submitted items.
- ☐ does not identify the application to which it applies.
- ☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☒ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☒ 8. The application does not comply with the Sequence Rules.

See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

☐ 9. OTHER:

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

0000090 0915650

100

SECTION 8



PATENT  
Attorney Docket No. CYM-025

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Ostgaard  
SERIAL NO.: 09/156,952 GROUP NO.: 1743  
FILING DATE: September 18, 1998 EXAMINER: Not yet assigned  
TITLE: Sample Vial For Use in Preparing Cytological Specimen

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 6th day of November, 1998.

  
Sarah J. Blackwell

Assistant Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

Certificate of First Class Mailing (1 pg.); Fee Transmittal (1 pg.); Transmittal Form (1 pg.); Notice To File Missing Parts of Application (1 pg.); Statement Claiming Small Entity Status (1 pg.); Declaration and Power of Attorney (3 pgs.); Check in the amount of \$515.00 made payable to the Commissioner of Patents and Trademarks.

# FEE TRANSMITTAL

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision

Continued if Known

|                           |                    |
|---------------------------|--------------------|
| Application Serial Number | 09/10,952          |
| Filing Date               | September 18, 1998 |
| First Named Inventor      | Ostgaard           |
| Group Art Unit            | 1743               |
| Examiner Name             | Not yet assigned   |
| Attorney Docket No.       | CYM-025            |

## METHOD OF PAYMENT

Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531.

- ☐ Required Fees (copy of this sheet enclosed).  
☐ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

## FEE CALCULATION

### 1. FILING FEE

#### Large Entity

| Fee (\$) | Fee Description        | Fee Paid |
|----------|------------------------|----------|
| 790      | Utility filing fee     | 790.00   |
| 330      | Design filing fee      |          |
| 150      | Provisional filing fee |          |

|              | Number Filed | Number Extra | Rate         | Amount |
|--------------|--------------|--------------|--------------|--------|
| Total Claims | 25           | - 20 = 5     | x \$ 22.00 = | 110.00 |

|                    | Number Filed | Number Extra | Rate         | Amount |
|--------------------|--------------|--------------|--------------|--------|
| Independent Claims | 1            | - 3 = 0      | x \$ 82.00 = | 0.00   |

☐ Multiple Dependent Claim(s), if any \$270.00 = 0.00

TOTAL: 900.00

SMALL ENTITY DISCOUNT: 450.00

SUBTOTAL (1) (\$) 450.00

### 2. AMENDMENT CLAIM FEES

| Claims Remaining After Amend.                                      | Highest No. Previously Paid For | Present Extra | Rate         | Fee Paid |
|--|---------------------------------|---------------|--------------|----------|
| Total  | -                               | =             | x \$ 22.00 = |          |
| Indep.   | -                               | =             | x \$ 82.00 = |          |
| <input type="checkbox"/> First Presentation of Multiple Dep. Claim |                                 |               | + \$270.00 = |          |

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description   | Fee Paid |
|-----------------------|-----------------------|---|----------|
| 130                   | 65                    | Surcharge - late filing fee or oath                             | 65.00    |
| 50                    | 25                    | Surcharge - late provisional filing fee or                      |          |
| 130                   | 130                   | Non-English specification                                       |          |
| 2,520                 | 2,520                 | For filing a request for reexamination                          |          |
| 110                   | 55                    | Extension for reply within first month                          |          |
| 400                   | 200                   | Extension for reply within second month                         |          |
| 950                   | 475                   | Extension for reply within third month                          |          |
| 1,510                 | 755                   | Extension for reply within fourth month                         |          |
| 2,060                 | 1,030                 | Extension for reply within fifth month                          |          |
| 310                   | 155                   | Notice of Appeal  |          |
| 310                   | 155                   | Filing a brief in support of an appeal                          |          |
| 270                   | 135                   | Request for oral hearing  |          |
| 130                   | 130                   | Petitions to the Commissioner                                   |          |
| 50                    | 50                    | Petitions related to provisional applications                   |          |
| 240                   | 240                   | Submission of Information Disclosure Statement (37 CFR 1.97(c)) |          |
| 130                   | 130                   | Submission of Information Disclosure Statement (37 CFR 1.97(d)) |          |
| 790                   | 395                   | Filing a submission after final rejection (37 CFR 1.129(a))     |          |
| 790                   | 395                   | For each additional invention to be examined (37 CFR 1.129(b))  |          |
|                       |                       | Other (Specify)   |          |

SUBTOTAL (3) (\$) 65.00

SUBTOTAL (1) 450.00

SUBTOTAL (2) 0.00

SUBTOTAL (3) 65.00

TOTAL (\$) 515.00

## CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## SIGNATURE BLOCK

Date: November 6, 1998  
Reg. No. 35,370  
Tel. No.: (617) 248-7026  
Fax No.: (617) 248-7100

Respectfully submitted,

*Christopher W. Stamos*  
Christopher W. Stamos  
Attorney for Applicant(s)  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110



# TRANSMITTAL FORM

|                           |                    |
|---------------------------|--------------------|
| Application Serial Number | 09/156,952         |
| Filing Date               | September 18, 1998 |
| First Named Inventor      | Ostgaard           |
| Group Art Unit            | 1743               |
| Examiner Name             | Not yet assigned   |
| Attorney Docket No.       | CYM-025            |

## ENCLOSURES (check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Check Attached<br><input type="checkbox"/> Copy of Fee Transmittal Form<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input checked="" type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition<br><input type="checkbox"/> To Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input checked="" type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input checked="" type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8<br><input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ) |
|--|--|--|

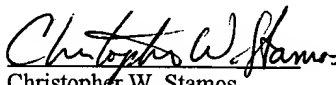
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High Street Tower  
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Christopher W. Stamos  
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